

## Re: Long-term survival of participants in the Prostate Cancer Prevention Trial

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*Asian Journal of Andrology* (2014) **16**, 414;  
doi: 10.4103/1008-682X.125714; published  
online: 11 March 2014

We appreciate the opportunity to comment on Dr. Silberstein and Sartor's commentary on our recent update of the Prostate Cancer Prevention Trial.<sup>1</sup>

We are disappointed that the authors did not reflect on perhaps the greatest challenge to prostate cancer in the USA today: the severe risk

of overdetection and overtreatment. Indeed, this risk is so compelling that it led the US Preventive Services Task Force to recommend against prostate-specific antigen testing. Data are clear that in our effort to detect cancers that we know we can help, we find orders of magnitude more cancers that we simply do not help. Even for the small fraction of men who are not treated but are managed with active surveillance, the data are clear: it costs as much as surgery and the repeated clinic visits and biopsies adversely affect their quality of life and place them at medical risk.

One perspective of 5- $\alpha$  reductase inhibitor-based prevention is in the context of an overall early detection strategy. This class of agents reduces detection (and treatment) of inconsequential tumors, while preserving and enhancing detection of aggressive tumors that benefit from detection. We suggest that this information be provided to men who

have opted for prostate-specific antigen screening; it can then be the privilege of the individual patient to perform the risk-benefit assessment for himself rather than the physician's priorities dictating whether cancer prevention is appropriate.

We continue to seek improved methods to identify the individual who is most likely to benefit from the use of these agents.

### REFERENCE

- 1 Silberstein JL, Sartor O. Long-term survival of participants in the prostate cancer prevention trial. *Asian J Androl*. 2014. doi: 10.4103/1008-682X.122868. [Epub ahead of print].

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